## FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) **CLAIMS** AFTER 2nd AMENDMENT AFTER **AS FILED** 1st AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. DEP. IND. TOTAL TOTAL IND. IND. TOTAL DEP. TOTAL DEP. TOTAL CLAIMS TOTAL CLAIMS \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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